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ORIGINAL DEPARTMENT.

LECTURE.

SECTION OF THE LATISSIMUS DORSI.

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(Phonographically Reported by W. A. George, M.D.)

GENTLEMEN:—We have before us, to-day, a case of lateral curvature of the spine, of such an unusually aggravated form, that I will take the liberty of making it the subject of some extended remarks upon this very important deformity.

There is no class of deformities in the whole range of orthopaedic surgery so troublesome to manage, and so unsatisfactory in results of treatment, as rotary lateral curvature. We have two distortions of the spine, entirely different in their nature and origin, as well as their pathology and treatment. The one is Pott's disease (named after Percival Pott, who first described it), or antero-posterior curvature, dependent upon a disease of the bodies of the vertebrae and intervertebral cartilages or disks, the result of some injury or concussion, ending in inflammatory softening and disintegration, or caries of the vertebrae, and by the superercent weight of the body above the diseased portions crushing them together, the posterior projection of the spinous processes is produced, and unless diagnosticated or detected before this deformity has occurred, is cured—if cured at all—almost always with a defect in form, leaving a prominence more or less conspicuous during life. Of this disease, to-day, we will say nothing, reserving our remarks respecting

it and its method of treatment for a future lecture.

The subject of our remarks to-day is what is ordinarily called lateral curvature of the spine, but which I prefer to call rotary lateral curvature, as I am convinced from observation, and will endeavor to show you by an anatomical demonstration, that the rotation of the vertebrae upon each other takes place before lateral curvature commences, particularly if the primary distortion is in the thoracic region.

This deformity may sometimes become so aggravated, as in the case you see before you, as to be mistaken for a true angular curvature, or Pott's disease, the ribs being so bent at their angles as to project beyond the spinous processes, and to be mistaken for them, as you see in this specimen, as, also, in the dried specimen I hold in my hand. But this distortion, although so aggravated, is not dependent upon any disease of the bones or intervertebral disks whatever, but due entirely to abnormal or irregular muscular contraction. You observe, in this dried specimen, that a line drawn at right angles from the bodies of the lumbar vertebrae, passing directly in front of the spine, and another line drawn from the bodies of the dorsal vertebrae, are at more than right angles, or at an obtuse angle to each other, the spine being rotated so perfectly upon itself, there being no loss of substance in the bodies or disks, but rather a separation of the disks, the vertebrae being further apart than normal. Following the curve further up, we come to the cervical region, and you observe the bodies of the vertebrae have been rotated backward, so that a line from the body of this seventh cervical vertebrae

passes directly parallel to the first line, drawn from the lumbar vertebrae, the whole column being thus simply twisted like the letter S, and shortened by an approximation of its two extremities.

This deformity occurs more frequently in girls than in boys, and usually at about the age of puberty, when they are being developed, and weak in their muscular power; habits of carelessness in sitting or standing may be the commencement of this irregular formation.

The causes, as I have before stated to you, are want of equilibrium in the muscular forces which keep the body erect; and also, frequently, an irregular formation of the bones of the lower extremities, one leg being shorter than the other, either by arrest of development, or from having been fractured and united with some shortening; or even by so careless a habit as wearing one heel of the boot higher than the other for a long time, which will cause the pelvis to tilt downward towards the shortened limb, in order to enable the person to reach the ground. This latter is a very frequent cause of the commencement of a lumbar curve, the tilting of the pelvis downward causing the lumbar vertebrae to lean in that direction, for if the column was kept straight it would, of course, cause the patient to fall over. The muscles of the trunk, therefore, are made to contract abnormally upon the opposite side, to prevent this falling, and consequently produces a compensating curve in the dorsal vertebrae. If, on the contrary, the dorsal curve has been the primary curve, the lumbar will become the secondary curve; and it is of the greatest importance, in the treatment of this deformity, to ascertain which was the starting point of the distortion.

To ascertain this, you strip the patient and (examining him posteriorly) having the feet placed firmly on the floor, table, or some other solid level surface, you mark with ink a spot over the spinous process of the last lumbar vertebrae, and another spot at the projecting point of the posterior superior spinous process of the ilium, on either side. A line drawn through these three ink spots should be perfectly parallel to the plane on which the patient stands, if the legs are of equal length and the pelvis not distorted. If, on the contrary, a straight line will not include the three ink spots, the connecting of the central spot with the one on either side will indicate the angle of the inclination of the pelvis, either to the right or left. If this angle

is detected, your next business will be to make a careful measurement of the lower extremities, and if finding one shorter than the other, by simply placing a book or block of wood of sufficient thickness under the foot to equalize the length of the extremities, you will immediately restore the pelvis to its normal position, when the compensating curve in the dorsal region, by a slight effort of the will on the part of the patient, will be immediately rectified. Simple curvatures of this variety, detected before permanent change in the structure of the bones has occurred, can be readily cured by equalizing the length of the lower extremities by an extra sole and heel to the shortened limb, sufficient to accomplish that purpose, together with proper gymnastic exercise of the muscles of the trunk, to give them proper tonicity to keep the body straight.

If we now examine this subject, hanging before you, the external layer of muscles of which have been so beautifully dissected out by Dr. Weythe, and study carefully their origin and insertion, and the direction of their action, we shall be able more easily to understand the rotary movement of the dorsal vertebrae, which eventually terminates in the lateral curve.

You observe the trapezius upon the one side dissected out, extending from the inner third of the superior curved line of the occipital bone, from the ligamentum nuchæ; the spinous processes of the seventh cervical, and those of all the dorsal vertebrae to be inserted into the outer third of the posterior border of the clavicle, into the acromion process, and into the whole length of the upper border of the spine of the scapula; and the scaleni, arising from the first and second ribs, near their tubercles, and ascending, to be inserted into the transverse processes of the cervical vertebrae; and the rhomboidei, major and minor, arising from the last cervical and first four dorsal vertebrae, to be attached to the posterior border and inferior angle of the scapula, and when contracting serve to elevate and draw back the scapula toward the spinous processes; from the whole base of the scapula arises the great serratus muscle, which, running forward and inward, and forward and downward, is inserted, by its nine indigitations, into the ribs, one to four inches, according to its serrations, in front of the angles of the ribs. Now, you will observe that the ribs, bending at their angles, rest against the transverse processes of the dorsal vertebrae; then the head of the rib, an

inch or inch and a half from this angle, rests against the bodies of two of the vertebræ, slightly angling upward. We thus have the ribs, at their angles, resting against the transverse processes of the vertebræ like a fulcrum, the short arm running to the head of the ribs against the bodies of the vertebræ, and the long arm being the body of the ribs, and the power which moves this lever is the serratus magnus muscle, which is inserted into this long arm. Now, when the scaleni and rhombodei contract and draw the scapula backward toward the spine, they thus make tense this serratus muscle, and give it full power to act upon the ribs, and by this leverage rotate the spine upon itself.

This is the first commencement of deformity in the dorsal vertebræ, producing, eventually, the dorsal curve. You can now see that the careless habit of carrying one shoulder backward more than the other, of carrying one hand behind the back in excess of the other, may be the means of commencing this deformity, by placing the serratus magnus muscle in position for exerting undue power over the other. This rotation produces tension of the latissimus dorsi upon the opposite side, and keeping up a constant irritation, stimulates it to undue contraction, which bends the body to that side, thus producing the lateral curve. Once being placed out of position, no matter how slight, the superincumbent weight of the body, together with the force of habit, has a tendency to increase the deformity, which may finally terminate in as aggravated a distortion as in the case you now see before you.

In the very early stages of this deformity the distortion can be rectified by instructing the patient to use his muscles so as to cause their development in exactly the opposite direction to that which has produced the deformity. We never see this deformity in that class of persons who use no restrictions to the full development of the muscles of their trunk by tight lacing, or bad dressing, and who are in the habit of carrying baskets, or bales of flax, or other articles, evenly balanced upon their heads. The servant girl, walking with a basket of clean and well ironed linen poised upon her head, is compelled to carry her head erect, or lose her balance, and down comes the clothes into mud, and with her balance she loses her place. Take a hint from this practical fact, and teach your young lady patients to walk about the room with a book upon their heads. This simple act

alone would cause an equipoise of muscular power, which will prevent the occurrence of this deformity, and even correct slight distortion when first commenced; swinging from the arms, or from the pulleys, as in the gymnasium, is very valuable exercise to accomplish this object also. Sitting the patient upon an irregular seat, or triangular chair, so that there will be danger of their falling over, will compel them to throw the body in the opposite direction, for the purpose of preventing the fall. Let the patient keep a chair of this sort when engaged in study, and let him take exercise in the following manner:—The arm of which the scapula is disposed to be drawn backward to the spine, thus rendering the lower fibres of the serratus magnus tense, is placed in front of the body, for the purpose of approximating the origin and insertion of this muscle; the opposite arm is placed behind the body, for the purpose of rendering the lower fibres of the serratus magnus tense, in order that it may have full power to act upon the ribs of the opposite side, and thus unfold the distortion. When in this position have an India rubber or elastic strap fastened to the wall upon either side of the patient, and with handles in these elastic bands, let the patient exercise by pulling against them, the one arm in front and the other behind the body, as before described, taking, at the same time, deep, full inspirations, for the purpose of expanding the chest. The spiral corset may also be made, and worn with advantage. It is made by having spiral springs, a few inches longer than the corset, quilted into pockets, and forcibly pressed into these pockets, and retained there, so that the corset is constantly making efforts to untelescope itself. [See Fig. 1.]

As the patient is generally smaller at the waist than at the upper and lower extremities of the trunk, this corset is very much like a double cone in shape, and, having the patient pulled out, it is placed upon her or him by first fastening the central point at the waist, and then the slope of the corset above and below. On account of the constant action of the spiral springs, it will keep the patient extended, and prevent telescoping. In addition to this, a piece of sole leather, the upper part formed like a crutch, some six or eight inches in length, is placed under the axilla of the depressed shoulder; a band, going over the shoulder of the opposite side, is buckled fast to the lower side of this leather crutch, in front and rear of

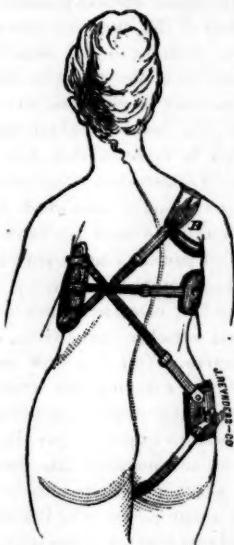
the body. This band on either side has a few inches of elastic inserted within it, so that it

the treatment here described will generally be found all that is required, but in the case before

Fig. 1.



Fig. 2.

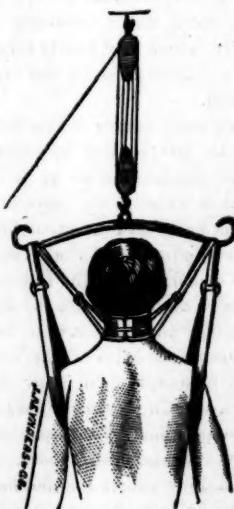


has a constant tendency to lift the depressed shoulder, which is, in fact, slung, so to speak, or suspended from the opposite shoulder. Two other bands, one front and one in the rear, from the top part of the crutch, descend to the opposite hip, and are there secured to a piece of leather, which is retained in place by a perineal belt going round the thigh. From the centre of this leather crutch two straps, one front and one rear, go around the body, to another piece of leather placed over the projecting portions of the ribs upon the opposite side of the body. This leather pad is retained in position by straps (not seen in cut) descending from the first mentioned strap over the shoulder, and also has elastic bands (not seen in cut) extending to another piece of leather over the opposite hip, which is, like the first hip-piece, secured in position by a perineal band running round the thigh. [The axillary band seen in cut is omitted.] All of these bands are furnished partially with elastic, and by their constant contraction have a tendency to twist the body straight; but their practical object is to act as a reminder to the patients of the necessity of their making voluntary action of their own muscles, for the purpose of keeping themselves straight. [See Fig. 2.]

In the majority of the cases of this deformity

you, when I place this man within a sling passing around his arms and secured around the chin and occiput, and elevate his body by drawing upon the pulley (see Fig. 3), you immedi-

Fig. 3.



ately see this broad band of the latissimus dorsi brought prominently into view, and it is an impossibility to bring him straight until this

muscle is either ruptured or cut. While he is thus stretched out, I make pressure on this muscle with my finger, and you observe he instantly has a spasmotic contraction of nearly all the muscles of his body, thus proving that this muscle is contractured, or structurally shortened, and that no power, no matter how long-continued, can stretch it to its normal condition, short of severing its fibres, which must be done either by force or with the knife. On the contrary, I have proved to you, over and over again, in the many cases of contracted tendons and muscles which have been here, that when this structural shortening has taken place, which is made evident by the reflex spasm which is produced in it by pressure upon its fibres when under extreme tension, that continued stretching tends only to irritate that muscle, and causes it to undergo stronger and stronger contractions, and that any attempt to stretch a muscle thus changed in structure excites additional irritation, rather than producing any elongation of its fibres.

If this rule, which I have laid down for some years, and followed in practice with the greatest success with almost all the other muscles of the body, be a correct rule, it should be equally applicable to this latissimus dorsi which you now see in this patient. Believing it to be correct doctrine, I shall, therefore, proceed to divide this muscle, which, so far as my researches go, will be the first time that it has ever been intentionally divided for this deformity.

You all see this strong band, some three inches in height, which, with all my force, I can stretch no further, giving me a reflex spasm every time I pinch it, and this fact seems to me to make section of it perfectly justifiable.

[The Doctor then, with a straight tenotomy, made subcutaneous section of the muscle, the snapping of its fibres, as the man straightened up, being distinctly heard throughout the lecture room. The patient was straightened almost upon the instant, so far as the lateral curvature was concerned, the angle of the ribs upon the opposite side being about the only deformity left, which, having undergone permanent change of form, may never be rectified; but the lateral curvature was perfectly straightened. The wound was immediately closed with adhesive plaster, a roller and compress placed over it, and the man being taken from the gallows and laid upon the table, expressed himself as being perfectly comfortable, having taken

no chloroform or anaesthetic of any kind, and stated that the pain of the operation was comparatively trifling. He was removed to the hospital, placed in bed, and a broad band was passed around the upper portion of his trunk, being secured, by an india rubber strap, to the fixtures upon one side of the bed, and another around his pelvis, secured in the same way upon the opposite side. Between these two elastic forces the body was retained in a perfectly straight position.

Saturday, Oct. 9, 1875, three days after the operation, the patient expresses himself as highly delighted, and everything is satisfactory.]

COMMUNICATIONS.

QUININE BY ENEMA.

BY C. S. STROTHER, M. D.,
Of Barnesville, Ga.

I am not ignorant of the fact that this, as well as several other remedial agents, is occasionally administered by enema, but I do feel fully assured that its application in this way should occupy a more important position before the profession than it does at present.

It is the opinion of the physicians of the South that quinine is more or less irritating to the stomach, and this is especially the case in children; not so much from its extreme bitterness, but from the effect of the medicine upon the stomach itself. There are also many diseases in which the antiperiodic and antipyretic effect of the medicine is indicated, in which we almost always find irritability of the stomach, and to give the remedy by the mouth is frequently but to defeat the result for which we aim.

Among these may be enumerated the typho-malarial fevers, and fevers of a miasmatic origin generally, congestion of the stomach and bowels, infantile diarrhoea, cholera infantum, and the fever attendant upon summer dentition. There are cases also, in malarial regions, who sink into congestion of the brain immediately following the first paroxysm of the disease, owing to the system being so thoroughly charged with the peculiar poison; and so profound is the stupor that it is altogether impracticable to administer medicines by the mouth. Nor is it safe to delay the administration of quinine until you have allayed the brain symptoms by cupping and counter-irritants.

In the above mentioned conditions I should strongly advise quinine by enema, for my experience in giving it in this way, which extends over a number of years, justifies me in asserting, as my firm conviction, arrived at by careful observation of *positive* results, that we may confidently expect *all* from the medicine given in this way that we can from the usual method of giving it by the stomach.

The formula I have used for giving quinine by enema is, two parts of quinine and one of tannic acid, made into powders to suit the age and urgency of the case, generally giving a child from grs. ij to grs. x; adults, grs. x to grs. l, dissolved in water; f. $\frac{3}{4}$ j to f. $\frac{3}{4}$ ij to be used for one injection. If any of the very convenient injecting apparatus, such as Watson's or Davidson's syringes, are at hand, the better plan is to fill the bulb of the instrument and force it into the cup or glass in which you are making your solution of quinine. You will then have just a bulb full of the mixture, and thereby avoid injecting air into the bowel. The tannic acid not only renders the quinine sufficiently soluble in the water, but by its astringency enables the bowel to retain the mixture until absorption is accomplished.

The usual unpleasant accompaniments of giving quinine by the stomach, such as ringing in the ears, slight deafness and headache, also attend the remedy given by enema, and some patients complain of a bitter taste in the mouth very soon after the enema, showing that the medicine is absorbed in a reasonably short time.

This is by far the most eligible method of administering quinine to small children, for by this means you know exactly the amount your patient gets, and you are not subjected to the mortification of going next day, after having prescribed quinine for your patient, and having the parents to tell you that "the little fellow vomited the first dose of the medicine and they were afraid to give it any more." By this means, too, the medical attendant may, if he sees fit, give, perhaps, as much at once as the patient will need in twenty-four hours, and he can make that dose safe beyond peradventure by giving it himself, and, should it be rejected, repeat at once. I might here enumerate a number of interesting cases in support of what I have written, but it would only consume space, and I merely desire to call the attention of the busy practitioner to, as I think, a valuable method, and sometimes an only one, of giving the remedy;

and it is clearly evident that it is a much safer one than giving quinine hypodermically, though this article is not intended to make war upon any other mode of giving the medicine, but simply to direct the thoughts of the profession to one that I fear will be ignored on account of its simplicity of application.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. S. D. GROSS, Oct. 6th, 1875.

REPORTED BY FRANK WOODBURY, M.D.

Elongation of the Uvula.

GENTLEMEN:—The little teat-like process that depends from the soft palate may become enlarged and titillate the base of the tongue and the entrance to the larynx, so as to cause a persistent irritative cough. Professional singers, from the constant exercise of the throat, not uncommonly are annoyed by elongation of the uvula, in consequence of simple increase in size of the organ from hyper-nutrition, brought about by excessive muscular exercise. In other cases the enlargement is caused by repeated attacks of inflammation, followed by interstitial deposit. In these cases the uvula increases in breadth as well as in length and its substance becomes thickened and indurated, while in the former there is simple elongation without any apparent alteration in the structure. The enlargement may be slight, but I have met with cases in which the uvula was an inch in length; this, however, is unusual. It sometimes happens that the organ produces irritation without being itself enlarged, from excessive relaxation of the muscles of the soft palate and fauces.

The young man before the class complains of a constant tickling sensation, obliging him to clear his throat often. He has some mucous expectoration, and the symptoms are increased upon taking cold, to which he says he is very liable. Upon inspection, the uvula is found to be not greatly enlarged, although sufficiently so to account for the symptoms.

The treatment is very simple. Seizing the free extremity of the uvula with the forceps, the desired amount, say a quarter to half an inch, is removed with the scissors, but we would never cut it off entirely. The patient, after the operation, will be kept upon a light diet for a few days, and be cautioned against taking cold. He should also take Huxham's tincture of bark, a drachm thrice daily, as a general tonic, as he does not appear to be very well nourished. In a few days an application of a solution of nitrate of silver, by means of a mop, will be made to the parts, to correct this condition of the throat. When the arches of the palate are so relaxed as to allow the uvula to drop down on the tongue, the nitrate of silver, in a weak solution, forms the best application that I am acquainted with;

astringent gargles may also be used, to correct the condition upon which this depends. Tonics are called for when there is evidence of general debility.

Hernia and Hydrocele.

This old gentleman, eighty-four years of age, shows considerable enlargement of the scrotum, on the right side, which is supposed to be a hernia. In making a diagnosis we recall the fact that the scrotum and testicles are liable to enlargement from several causes.

In the first place, hypertrophy of the scrotum may occur, especially in tropical countries; but sometimes, though rarely, met with in temperate climates. From the great increase in bulk of the subcutaneous cellular tissue and all the structures of the skin, that takes place in this disease, it is called elephantiasis, and in it the scrotum may attain the weight of fifty, sixty, or even more than a hundred pounds. Secondly, a tumor may appear in the substance of the scrotum, in character cystic, fatty, sebaceous, fibroid, sarcomatous, or malignant. Or the enlargement may be a hydrocele, an accumulation of fluid in the vaginal tunic of the testicle. During the latter stages of foetal life a portion of the peritoneum is carried, before the descending testicle, through the abdominal rings into the scrotum, where it constitutes this vaginal tunic. The canal through which the organ passed speedily becomes obliterated by adhesion of its sides and the tunic becomes a closed sac. Hydrocele is due to an accumulation of the natural secretion of this serous membrane, and may take place at any period of life; though most common in adults, it sometimes occurs in children, and may even be congenital. In appearance a hydrocele is pear-shaped or ovoid, and may contain from a drachm or two of fluid to as many gallons. It is always elastic, fluctuating, and more or less translucent; it is permanent, and no impulse is communicated when the patient coughs. The diagnosis can always be made with the exploring needle. And finally, a hernia or rupture may occur. This is a protrusion of part of the contents of the abdomen, forming in this location a scrotal hernia, by the oblique or the direct descent, as the case may be. It also may be congenital, but it is most frequent in young, middle-aged and elderly subjects.

In the case before us the trouble has existed six months. The testicle can be felt, low down and at the back part of the scrotum, and is apparently healthy. The tumor is fluctuating, and not solid, as we would expect to find it in sarcocoele, enlargement, or cancer of the testicle. Placing my finger and thumb around the neck of the tumor, and pressing against the pubic bones, I cannot find anything abnormal, or perceive any impulse transmitted when the man coughs; but this does occur upon the opposite side. A reducible, inguinal hernia then exists upon the left side; there is no doubt of that; and upon plunging an exploring needle into this tumor on the right side, we find, by the

stream of water that appears, that it is a hydrocele. A hernia may coexist with an encysted hydrocele, but we can say, positively, that there is no bowel in this vaginal tunic.

Having determined the character of this trouble, we will now consider the treatment. A hydrocele may be treated with a view to its palliation, or to its radical cure. The palliative treatment consists in simply drawing off the fluid, repeating the operation as often as it accumulates. The sac is punctured with a trocar or bistoury, and, after the water has flowed off, the patient is allowed to go about his business. In the radical operation we endeavor to obliterate the cavity by causing inflammatory adhesion of the walls of the sac. This may be done in a number of ways. Laying open the sac freely, excision of part of the tunic, establishing an issue with caustic potassa, are methods formerly used, but now little employed. The injection of irritating substances into the vaginal tunic for this purpose is also an old method, but is still resorted to. Of these, the tincture of iodine has the greatest reputation, and may be used either of full strength, or diluted with one or more parts of alcohol. One or two drachms of the fluid are injected into the sac, and kneaded about with the hand, so as to bring it in contact with every part of its internal surface; it may then be allowed to flow off, or, if the full strength is used, it may be allowed to remain, to disappear by absorption. If this should fail, a seton may be carried through the walls of the sac, and kept there for a day or two, until the desired amount of inflammation is present, and then removed. This is a plan I frequently adopt, but the foreign body must not be allowed to stay in too long, particularly in a young child, in whom the structures are delicate and where a few hours may prove sufficient. If this means should not be successful, a cure may be generally obtained by cutting down upon and removing part of the sac. In all these cases the subsequent local treatment is antiphlogistic, with the application of evaporating and anodyne lotions to the parts.

In this case, the palliative course will be pursued. Being careful to avoid the testicle, the trocar and canula are introduced in front, into the most prominent portion of the tumor, and the withdrawal of the trocar is followed by a stream of an amber-colored fluid, full of micaceous scales. This is the ordinary color of hydrocele fluid, and it sometimes contains a large quantity of this fatty substance, cholesterine, which is an excrementitious principle, the same that occasionally forms calculi in the biliary passages. This fluid is coagulable, forming a solid mass upon the application of heat, and is of a salish taste; showing that it contains albumen and salts; it strongly resembles the serum of the blood from which it is derived. It is of the same temperature as the blood in the interior parts of the body, and is the ordinary serous fluid, which is naturally secreted by a serous membrane in any part of the body,

and is readily furnished in quantity upon slight irritation.

The fluid being evacuated, the operation is completed. We will caution him, however, to keep his room for a day, as cases of gangrene of the scrotum have occurred after this operation, from the neglect of this simple precaution.

Unusual Site for a Sebaceous Tumor.

A small tumor, the size of a pea, has annoyed this patient for a year, although it has always been painless. It is situated upon the posterior surface of the lobe of the ear, is prominent, whitish, slightly movable, and fluctuates upon pressure. This is evidently a cyst with fluid contents, probably, from the appearance, seropurulent. There is but one thing to do—cut down upon it and remove it. Upon incision I find that the contents are not fluid, but resemble lard or tallow. It is a sebaceous cyst, which I will describe further on, after I have carefully dissected out every part of the wall of the tumor; as any portion of the secreting surface allowed to remain would cause a return of the trouble.

A sebaceous tumor is a dermoid cyst, having its origin in one of the natural structures of the skin, a sebaceous gland, crypt, or follicle, which corresponds with the follicle of the mucous membrane. These glands normally secrete an oily substance, which is intended to keep the skin soft and pliable. They are found all over the body, but are most frequently noticed about the nose and face, where their retained contents form those comedones or black-headed pimples, worms, as they are vulgarly called. When the opening of one of these follicles becomes permanently closed by inflammation or other causes, the gland will continue to secrete this peculiar substance, which, finding no exit, accumulates and forms a tumor. This seems particularly liable to take place upon the scalp, where it is commonly known as a wen. The tumor is originally formed in the substance of the skin, but, from pressure, soon slips under it. Subsequently the overlying skin becomes thinned and atrophied by the tension, as in the present case, or it may become indurated and hypertrophied. The tumor is often solitary, but may exist in great numbers. It is generally small, but may attain the size of an orange, which I have never seen exceeded. It is always innocent or innocuous as far as malignancy is concerned. When subjected to irritation from pressure, or much friction from the clothing, the tumor may inflame and ulcerate, but such a termination is unusual.

No local application would be of use in the treatment; the cyst must be laid open, its contents turned out, and its walls torn from their attachments to the cellular tissue. Erysipelas may set in after the operation, but it is a rare contingency, and need not enter into our calculation.

Enlarged Tonsil.

For nine or ten weeks, this little girl, who says she is seven years old, has complained of

her throat. She takes cold easily; has difficulty of breathing; and at night lies on her side, with her head thrown back, but, according to her father's statement, does not snore. We generally find, in a case of chronic enlargement of the tonsils, such as this appears to be on examination, that the patient sleeps at night with the head thrown so far backward as to get the mouth, if possible, in a direct line with the entrance to the larynx, so as to cause as little difficulty as possible in breathing, and he generally snores lustily. If this obstruction to respiration is allowed to continue the chest will become flattened in front and the child round-shouldered, in consequence of the excessive action of the respiratory muscles. This shows the importance of attending to these cases early, especially when they are caused by colds and repeated attacks of sore throat. In such cases the nitrate of silver in solution, of the strength of 5, 10, or 30 grains to an ounce of distilled water, is an excellent application; it may be used every day for three or four days, and then less frequently. It is more efficient in solution than in substance, in which shape it may act more energetically than is wished, and increase instead of alleviating the trouble. The solution may be applied with a mop or with a camel's hair pencil; in the latter case due care should be exercised to see that the brush is securely fastened. A case has recently occurred where, in making such an application, the brush fell from its handle into the patient's larynx, causing death by suffocation, followed by a suit for malpractice. A weak solution of iodine, painted externally under the angles of the jaw, is a useful adjunct to the treatment, into which alteratives and tonics should enter.

When much enlargement exists, the remedy is partial excision. Seizing the prominent part of the gland with a volsella, a probe-pointed bistoury is introduced with its back to the tongue, and, cutting upward and inward, we remove the part extending beyond the palatal arch. Never excise the entire gland; that would be a ruthless proceeding. We have removed about half the gland, and upon examining its structure we find the follicles greatly enlarged, as is generally the case. It is dense and firm, but I have seen cases where the gland was so soft and friable as to break under the pressure of the finger.

In consequence of the engorgement resultant upon enlargement of the vessels, from long-continued inflammation, there is generally some hemorrhage after the operation, although no large vessels are cut. To check the oozing, cold water or vinegar and water are generally sufficient; if it should persist, a solution of alum may be used as a gargle, or the part touched with nitrate of silver. Monsel's solution should never be used for this purpose, although it is the best known hemostatic, because it occasions instant coagulation of the blood, and the dense clot might fall into the larynx and cause death, an accident that actually occurred to a patient in the clinic of Professor Billroth.

It is important that the patient should be confined to a warm room for a few days after the operation, as exposure might be followed by an extension of the inflammation into the larynx, cases of which have been reported.

Vesical Calculus in a Child.

This three-year old boy was brought to me two months ago, with symptoms of bladder trouble. He had commenced to complain a year before, and appeared to suffer severely from spasmodic pain when he passed water. He wets his bed every night. He had been previously

healthy, and now is well nourished and in good condition for an operation. He has been cared for so that he experiences but little discomfort from his vesical trouble. In examining a child for stone, it is always best to give a little chloroform, although it need not be pushed to complete anaesthesia. Warming and oiling the sound, it is introduced into the bladder, and the stone readily detected. This should always be done immediately before the operation, to avoid mistakes. The stone will be removed at the next clinic day.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cloth Tents.

Dr. C. Henri Leonard, of Detroit, Michigan, writes to the Chicago *Medical Journal*:

I have been using, quite extensively, in my gynaecological practice, a tent that I have made out of cloth. It has proven of so much service to me that I have thought it might be of value to give it to the profession.

Some time ago I had occasion to make Emett's operation upon a conoid cervix, for the relief of dysmenorrhœa and sterility, and I made use of them for intra-cervical packing; that is, to keep the cut edges of the cervical canal from uniting. At the first application they were very readily introduced (a sponge-tent having previously been used), and seemed to be just the thing. On the next day's visit, the neck having contracted somewhat, I was completely foiled in their introduction, and so had to resort to lint plugging. It at once struck me that if a wire could be introduced, in some way, into the cloth cone (Hippocrates had stiffened them by wrapping them around with horse-hair), their objectionable feature would be entirely removed.

On my return to the office, I tried rolling a piece of hair wire into the cone, and found that it answered exactly. Since then I have made use of them for almost all purposes as a dressing-applicator to the uterine cavity. They are equally applicable for dressing any other sinus-like canal, whether from wounds or otherwise.

To make one, you need but a strip of linen six inches in length, by three-fourths of an inch in width, a piece of hair wire four inches long, and a few inches of common thread. Roll one corner of the linen strip lightly between the thumb and finger, then unroll and place the centre of the wire at the corner so rolled, and then roll the cloth at this corner over it (spirally, just as you would go to work to make

a paper lamp-lighter), till you get *almost* to the other corner of the same end, then bend the wire upon itself (double it, in other words), so that the two extremities will point to the unwound portion of the linen; this done, continue rolling the linen, in a *spiral* manner, about the double wire till exhausted, then tie with the thread the last spiral turn about the wire. You now have a tent about two and a half inches in length, and one sufficiently firm to enter *any* normal uterine canal, and most any abnormal one. You can bend it to any curve you choose, to facilitate its introduction. It has still another advantage over all other tents, in that you can leave it *in situ* (as I frequently do for twenty-four hours), with no danger to your patient, as it is *inexpansile*, and hence no excitor of metritis, though a stimulator (from its very slight mechanical irritation) to the endometrium. By so doing you can get a *prolonged* action of a medicament upon the lining membrane of the uterus, which is impossible to get by any other method of application. Further, you need not use such energetic local applications, and you may be sure that they reach the *whole* uterine cavity; something you cannot do with our intra-uterine applicators, unless you are a very skillful manipulator. The shape of the fundus-cavity is an anatomical proof of the great difficulty of making a complete application with the common metal applicators; whereas the cloth tent, by meeting with resistance at the fundus, immediately doubles upon itself, thus occupying the whole cavity.

You can make them of any size, and of any degree of stiffness, by increasing the thickness of cloth, and the size, or number of doublings, of your wire. I have them of all sizes, from those suitable for an ante-pubescent uterus, to one as large as your index finger.

I use them now for cleansing the uterine tract previous to an application of astringents or other medicaments thereto, and find they

clean away the tenacious mucus much better than a syringe or a wisp of cotton, on Emmet's applicator. Indeed, it is invaluable in many ways. By leaving the thread without the vulva, the patient can as easily and safely remove it at her residence, as can her physician. You have only to remember to tie a string (or a colored thread) to the cotton pledge you leave in the vagina, so that she may be made aware which to remove (pull) first.

Taking all these points into consideration, with their plea of cheapness and cleanliness (to the operator, for they are thrown away as fast as used, and need be touched only with the tip of the dressing forceps), I am sure they will commend themselves to any one who will take the trouble to make up a half dozen for trial.

Gallie Acid in the Treatment of Albuminuria.

The following is from an article by J. T. Jameson, M.D., in the *American Practitioner*:

I wish to call attention to the use of gallie acid in the treatment of albuminuria as a sequel to scarlet fever, with which, in a few cases, I have met with marked success. My experience with the remedy has been as follows:

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was oedema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness; there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one-half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapsisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bitartrate of potassa. This was followed by iodide of potassium and a teaspoonful of a saturated solution of gallie acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occurred in a girl about six years of age. The eruption was very livid and the skin had desquamated. The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became edematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a sat-

rated solution of gallie acid, a teaspoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallie acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallie acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

Remarks.—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of nitre, acetate of potash, etc.; but if future experience should confirm the efficiency of gallie acid, I cannot but think we shall possess a remedy superior to any of the above. The gallie acid, if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secerent portion of the kidneys, acting as an astringent and tonic upon them, promoting their contraction, and thus arresting the exudation of red blood-corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use of a laxative.

The Care of the Eyes in Children.

The *Sanitarian* quotes the following extract from a late work of Dr. C. R. Agnew:

Any malady which deprives a growing child of its natural, playful exercises, and shuts it up in the poisonous atmosphere of an imperfectly lighted and ventilated, or over-heated domicile, is eminently worthy of our earnest and thoughtful attention.

The more intractable forms of these diseases—phlyctenular, or so-called strumous ophthalmia—occur in children who may have inherited feeble constitutions. In many instances, however, they occur in those who have been born without any special constitutional defect, but who have had their digestive and other blood-making organs injured by a promiscuous dietary, and too little out-of-door life. The practice, common in every walk of life, of giving the diet of the family table to a young child so soon as it can stretch out its hands to gratify its natural glutinous propensities, is here seen to produce one of its many evil results. Such remarks may seem to some to be trite, but they will not cease to be pertinent so long as the evil at which they are aimed continues to be so wide-spread. If children, when weaned, were put first upon a

milk, and then a milk and farinaceous diet, and not allowed to have the full, promiscuous dietary of adult life, we would see a vast improvement in public health and a lower death rate. We would, moreover, see less of those forms of self-indulgence which spring from the uncontrolled selfishness and gluttony that begin at the nursery table.

We are prepared to urge, then, in every case of phlyctenular or eruptive inflammation of the conjunctiva, that the diet and regimen be placed upon a hygienic basis. We should also prescribe woolen under clothing, with a change of the same for the night, that the winter temperature of the domicile need not be kept above 65°. We should improve the action of the skin by alkaline or saline baths and daily friction. We should insist upon daily out-of-door life, and keep the child, when domiciled, in a well-lighted room, warmed, or at least ventilated, if possible, by an open fire in winter, and its eyes free from eyeshades, bandages poultices, and sugar of lead washes. When I say well-lighted rooms, I do not mean those middle or inside rooms in which so many people spend so much time, or in which they incarcerate their children, but outside rooms, that are penetrated and purified by direct sunlight. A child should never be allowed, sick or well, to play long or sleep in a room that is not above the ground level and daily pervaded by direct sunlight. People who value the lives of their children should select their homes with these things in view.

On Compressed and Rarefied Air.

From a report in the *Boston Medical Journal* we extract the following:—

Dr. B. Fränkel, of Berlin, has devised an instrument, which is made cheaply, and can be obtained by most patients for themselves. It consists of the bellows of an accordion. On one side a metal tube is inserted, two centimetres in diameter, which carries the mouth-piece; the latter may consist of an inflated rubber cushion, similar to a pessary. Fränkel recommends the sitting position for using the apparatus. If the bellows is expanded by drawing the accordion apart, the air contained in it will be rarefied; if it is compressed the air is condensed. If the patient, during the expansion or compression, applies his mouth to the cushion, the effect of the rarefaction or condensation of the air will communicate itself to the intrathoracic air. The apparatus is without valves; as it is very easy to apply or withdraw the mouth from the cushion at the right moment, any such arrangement as valves is not necessary. On the margin of the apparatus there is a centimetre measure, which plainly indicates by how many centimetres the wooden disks are separated or brought together. This shows the volume of air which has been drawn into or expelled from the apparatus. The apparatus is thirty-five centimetres in height and sixteen in breadth. If the foldings are con-

sidered, the bottom area will be five hundred and ten square centimetres. The expansion of the apparatus of one centimetre, according to the measure affixed, would correspond with five hundred and ten centimetres of volume. Fränkel considers the attachment of the dynamometer to his apparatus as unnecessary. All excess of action is avoided, as it is worked by manual force only, Fränkel having found that with his greatest effort he could not condense the air above one-eighteenth of an atmosphere, nor increase the power of suction above one-twentieth of an atmosphere. The patient is sensitive to the amount of pressure and draught upon his lungs, and can regulate both according to his own feelings. Fränkel simply warns his patient against over-exertion.

The apparatus is easily transported, and is applicable anywhere (for inducing artificial respiration in cases of chloroform asphyxia, asphyxia of the new-born, poison by oxide of carbon, and other similar emergencies).

Treatment of Varicose Veins.

M. Rigaud, Professor at the School of Medicine at Nancy, lately brought to the notice of the Surgical Society of Paris a new method of treating varicose veins. For nearly a quarter of a century M. Rigaud practiced cauterization with the Vienna paste, with the view of producing obliteration of the vein, and obtained a fair amount of success. He noticed, however, that on exposing the vein, in order to apply the caustic, the vein contracted to nearly half its diameter, and, at the same time, the external coat seemed to thicken and lose its transparency. This applied, of course, to all vessels thus exposed to the air, and from it he argued that if such an effect is produced by simple contact with the air, it would be superfluous to apply any other remedy. He accordingly treated a certain number of cases in this way; after cutting down upon the vein, he isolated it from the surrounding tissue by passing a bit of tape or adhesive plaster around it, and thus left it exposed to the air. About the seventh day the vein becomes completely dry and obliterated; this portion then separates from the rest of the vein, and the wound in the skin, caused by the surgeon, heals rapidly. It sometimes happens that the rupture of the veins does not take place, but they are transformed into a mass of fibrous tissue. M. Rigaud performed the operation 151 times; 140 on the lower extremities, and eleven for varicocele. The immediate result had been so far a success that the veins were completely obliterated, but, unfortunately, he could not say whether in all the cases the cure was permanent. In fifteen, however, of those he had seen some time after, and on whom he had operated on the lower extremities, the cure was radical and definite; but in seven of those cases M. Rigaud observed the development of new varicose dilatations of the collateral branches, as well as of the superficial veins of the skin.

This method of simply isolating the veins and exposing them to the air is, according to M. Rigaud, free from danger, and yet in his report he states that the "only" accidents he observed were phlegmonous inflammation, limited to the tract of the vein, erysipelas of the skin, some cases of simple phlebitis, but never diffuse—accidents which are not generally fatal. In his report, three fatal cases are recorded; but these were attributed to accidents during the operation; in two cases rupture of a collateral branch took place during the separation of the vein, and in the third case death was caused by phlebitis and pyæmia resulting from a slight puncture of the vein with the point of the bistoury. M. Rigaud consoles himself, however, with the consideration that these three cases, far from being discouraging, go to show the excellence of his method, and that it is only when the veins are wounded, whether intentionally or otherwise, that there is any real danger, especially when the veins are already in a diseased condition.

On Meat and Milk.

The Doctor says:—M. Leven, who has investigated, with much patience, various problems involved in the digestion of food, has drawn from his experiments some practical conclusions which deserve the attention of all practitioners. He says that, in order to ascertain the digestibility of food, we must find out not only what is its aptitude to undergo the action of the digestive juices, but also what effect the food produces on the mucous membrane.

We must know in what part of the digestive tube the food is elaborated, whether in the stomach or in the intestine. Thus, meat stays a long time in the stomach, and milk a very short time. So that, if we have to treat an ulcer in the stomach, we can easily understand how important it is not to give meat, which excites the contraction of the muscular fibres of the stomach, and the circulation of the mucous membrane, in order to avoid returns of haematemesis.

Milk, on the contrary, will be preferred; it is an inert substance, which leaves the stomach to repose, and glides softly through the pylorus without any effort of the organ. It has been said, in such cases, that milk is more digestible than meat; but are we authorized to make this statement? No one has measured the time necessary for milk to pass into the circulation. How many hours does it take to emulsionize fat, and to render caseine absorbable? Does milk pass into the blood quicker than meat? That is probable; but we cannot, and ought not, to establish any comparison between the digestibility of these two substances. It does not take place on the same spot, and we have to do with perfectly different substances, between which we ought to make no comparison. Milk, we have said, leaves the stomach at rest; meat, on the contrary, keeps it in a necessary condition of excitation, which is useful with

regard to digestion in general. If we prolong feeding on milk diet, we bring on a condition of weakness and apathy of the stomach, and it will easily be deranged by the slightest change of diet.

Meat, on the contrary, keeps up the activity of the stomach, comforts it, and in a general way facilitates the digestion. It is thus that, without considering substances with respect to their digestibility, it is important to know in what conditions their digestion takes place, in order that we may lay down the indications for hygiene and clinical practice.

Hypodermic Injection of Nutritious Substances.

The London *Medical Gazette* says that, in the *Wiener Med. Wochenschrift*, Dr. Krueg, a physician to a private lunatic asylum, gives an account of a trial of this which he has recently made. Drs. Menzel and Perco, he observes, were the first persons who tried, in 1869, some experiments on dogs, for the absorption of articles of nutriment by the subcutaneous tissue, and found that an ounce of fluid fat was, by the end of forty-eight hours, completely absorbed, without inducing any peculiar symptoms of reaction. The same was observed with regard to a solution of sugar, milk, and even the yolk of egg. Only one experiment seems to have been tried on man, and that only with nine grains. These authors state also that Stricker and Oser had made experiments with the peptons.

Dr. Krueg observes that cases are always being met with in which artificial feeding is necessary, but cannot be executed by the ordinary means; and it may be required on various occasions to sustain life, at all events temporarily, until other means, for the time inapplicable, can again be resorted to. There are no data for stating how long the functions of the stomach may be superseded by subcutaneous injections; but, at all events, this is possible for several weeks, during which time other measures may be resorted to. In illustration of this, the following case is related:—

C. E., aged fifty-seven, a Hungarian proprietor, has been in an asylum at Ober-Döbling since 1868, and for the purpose of suicide had often refused all food, so that for twenty-seven months at a time he had to be daily fed by means of the tube; of late he has been more inconstant in his refusals, sometimes eating even abundantly, and at others allowing himself to be fed. On January 18, however, he began again to absolutely refuse food, and so continued, with the exception of one day, to the 24th, when it was resolved to feed him by the tube as heretofore; but all attempts to pass this proved fruitless, such violent coughing and irritation did it cause, so that the patient became breathless and cyanotic. Even when the tube was got into the stomach, the fluid injected was immediately expelled again by its side; so that the whole procedure, inducing so much suffering, proved useless. As ten days had elapsed without his taking any food, with the

exception of some soup once, it was resolved to try the subcutaneous injection, under the hope that a slight quantity of nutriment might be so supplied, so as to ward off danger to life, and perhaps exert a favorable impression on the patient when he found his resistance unavailing. Olive oil was the substance injected, the syringe employed holding fifteen cubic centimetres. To the syringe was attached a thin caoutchouc tube, terminated by the canula of an ordinary subcutaneous syringe; so that the movements of the patient did not derange the working of the apparatus. One or two syringes full were injected daily; therefore from fifteen to thirty cubic centimetres of oil. At first each syringe-full was thrown into five apertures, but afterwards into three, or even only two. The oil passed, drop by drop, out of the canula, so that at first an hour, and afterwards half an hour, was occupied in the emptying of each syringe. This slow procedure rendered the injection painless, and prevented reaction, which, as well as pain, was caused when the injection was made too rapidly, or too much fluid thrown into one spot. Most of the injections were made in the foot, some in the belly, and others in the sides. Some effect was produced upon the patient's moral condition, so that he partially abandoned his opposition to food. Thus, during thirty-nine days, he completely fasted during nine, ate voluntarily during ten, and was supported by the injections during the other twenty. It was not possible to weigh him, but his general appearance was not changed for the worse. With some occasional exceptions, when the injections were resumed, the patient gradually abandoned his resistance, and at last ate in a natural way, the experiment lasting altogether about two months. The chloroform odor characteristic of fasting persons disappeared soon after the first injection.

On Anthelmintics.

The *Lancet* says, some investigations have recently been made by M. Heckel into the active part of pumpkin seeds. These seeds have been much used, of late, for the expulsion of the tapeworm, for which purpose they were employed in the early part of the last century. The mode of their administration has hitherto been to give the bruised seeds in large quantities, suspended in water, the outer envelope only having been removed. About two ounces of the seed was the ordinary dose. It is probable that so large a quantity contains much inert matter. Some recent observations apparently indicate that the active principle is contained only in the embryo. To ascertain whether this is the case was the chief object of M. Heckel's observations. He first administered, in two cases of *tænia*, about six ounces of the perisperm, tegumentum and testa, a purgative of castor oil having first been administered. The tapeworm was not expelled in any case. In two other cases the membrane sur-

rounding the embryo was given—about half an ounce—preceded and followed by a dose of castor oil. In each case the tapeworm was expelled entire. Subsequent experiments yielded the same result. This membrane was then carefully examined, and found to consist of two membranes, separable by maceration in water. The outer membrane contained a resin in small quantities (one in seventeen), which M. Heckel believes to be the active agent. He believes that the castor oil acts not only by its purgative effect, but by dissolving the resin and rendering it active. The second membrane contained more chlorophyll than resin. It must not be forgotten that these seeds contain a fixed oil, to which their qualities have been ascribed, and which may be obtained by cold expression from the seeds, in the proportion of half an ounce to a pound. This oil has been used with success, in repeated half-ounce doses, in cases of *tænia*.

Milk Diet.

Milk diet, as a means of treatment in dropsical disease, is specially advocated by Dr. Serre d'Alais (*Journal de Connaissances Médicales*). He associates it with a diet of onions, raw or cooked. He prescribes three *soupes au lait* every day, onions, and a dry diet. He lays down, as his method of treatment, first to relieve the urinary gland by abstinence from drinks generally; to excite it gently with onion; to nourish the body with milk, its primitive nutriment, without irritating it. M. Serre concludes by saying that, if this régime be not successful, the régime is bad. M. Desnos, at the Pitié, employs milk a good deal when it is desirable to provoke diuresis, and that in very different cases. But he is not a partisan of the exclusively milk diet, which is often not well tolerated, and is not sufficiently nourishing. The patient eats meat, drinks wine, but adds to his diet two pints of milk every day. The milk is drunk cold, and salted with two grammes of kitchen salt to the pint. M. Desnos recommends milk, especially in acute catarrhal nephritis. In chronic nephritis, it is only palliative. In dropsies complicating the diseases of the heart, M. Desnos employs also milk, which provokes abundant diuresis, and unloads the vascular system.

On Intermittent Pulse.

In a lecture, in the *Lancet*, Dr. Broadbent says:—

The rhythm, otherwise equal, may be broken by the occasional omission of a beat, an intermission. Frequently the intermission is perfectly regular, a pulsation being missing every fourth, or tenth, or twentieth beat; but sometimes we have, say, ten or twenty beats, then an intermission, and very soon another. When the intermissions are frequent, i. e., every four or six beats, they are more likely to be regular. The most remarkable instance I ever met with

was in a man, fifty years of age, who had two pulsations and then two intermissions. When counting the pulse, it occurred as one, two beats, then one, two intermissions. The man went out of the hospital in two or three days, to my great regret, and I was unable to make a careful investigation of the case. Intermission of the pulse is rare in young people, and I should think more seriously of it early in life. After middle age it is not uncommon; in some cases it is habitual, in others occasional only, and induced by dyspepsia, constipation, smoking, drinking, etc. One patient of mine has intermittent action of the heart, produced by a particular kind of tea, another by a particular brand of cigars. Some patients are entirely unconscious of the intermissions, especially those in whom it is habitual; others feel as if the heart rolled over or stopped, and are made uncomfortable. Although the pulse is absent at the wrist, the heart's action is not usually absolutely suspended; on listening, an imperfect beat can be heard just after the last proper beat, the sounds audible being a feeble first sound and a weak pulmonary second sound. The aortic second sound is usually absent, as if the pressure in the left ventricle had been insufficient to raise the valves, while in the pulmonary artery, where the resistance is less, some little blood appears to pass.

Intermission of the heart's action is usually attributed to some affection of its innervation, and the chief cause is, according to Dr. B. W. Richardson, shock, anxiety, or grief. The subjects of this affection are apparently none the worse for it, and I have met with it in many hale old men long past the usual term of life, and some have said they have had an intermittent pulse for very many years. Still it is stated that, though equal to the ordinary occasions of life, they break down more readily, and withstand attacks of disease badly. An intermittent pulse does not contra-indicate chloroform; I have often known the intermittence to disappear during its administration. I am speaking always of those cases in which an intermittent pulse is not a symptom of disease in the walls of the heart, of which there are other indications.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Eighth Annual Report of the Board of Health of St. Louis is a very well prepared document. Among the many interesting facts it gives, we mention the examination of one hundred and four samples of pork, bought from the stalls. Of these 3.75 per cent. were infected

by trichinæ, and 39.42 per cent. by the so-called "Rainey's bodies."

—“The Better Way,” is the title of a tract of 48 pages, by A. E. Newton, published by Wood & Holbrook, New York city. It is an “appeal to men in behalf of human culture through a wiser parentage.” There is very much in it with which every enlightened physician will heartily sympathize. At the same time the author assumes much as proven, which is unquestionably unproven; for example, that during pregnancy connection is hurtful. In certain cases it may be, but in others it appears to be beneficial to mother and child. It is because all lay writers inculcate similar extravagant and often erroneous views, that such topics should be left to physicians, and sensible ones at that.

BOOK NOTICES.

Transactions of the Medical and Chirurgical Faculty of Maryland. April, 1875. pp. 226.

This well printed volume contains, besides the usual minutes and reports, the following articles:—“Contributions to the Medical History and Physical Geography of Maryland,” by Dr. Joseph M. Toner. “Surgical Cases in Foreign Hospital Practice,” by Dr. G. H. Boyland. “The Contagium Particles of the Eruptive Contagious Fevers; their Nature and Mode of Action,” by Dr. J. E. Atkinson. “Tinnitus Aurium,” by Dr. S. Theobald. “Attitude and Climate in the Treatment of Phthisis,” by Dr. W. Gleitsmann. “Importance of the Galvanic Current in Electro-Therapeutics,” by Dr. F. F. Mills. “Digitalis in Cardiac Disease,” by Dr. S. C. Chew. “Treatment of Paralyzed Muscles by Elastic Relaxation,” by Dr. J. Van Bibber. “Reports on Surgery, Obstetrics, Anatomy and Materia Medica,” by Drs. T. R. Brown, W. T. Howard, W. C. Kloman and R. MacSherry. Several of these papers we have already noticed as separately printed. They are all meritorious efforts.

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REFLECTIONS ON MUSCULAR POWER.

Captain Webb's late exploit of swimming across the Channel, from Dover to Calais, presents some curious physiological problems. The *Nation* puts them thus:—

"The doctors cannot tell how it was that he did not become chilled by his long stay in the water, and he can throw no light on the subject himself. He says, however, that he thinks being smeared all over with porpoise fat did him no good, but acknowledges that this point could only be settled by an attempt to swim across without the fat. The doctors testify to the great width and capacity of his chest, but throw some discredit on the received maxims of the art of training by declaring that his muscular apparatus is not particularly prominent, and is tolerably well covered with adipose matter. In short, he is not, to outward appearance, in what a trainer calls "condition," but looks like an ordinary but well-developed citizen of modern height, who eats what he pleases and takes only moderate exercise."

In writers on gymnastic training and physical exercise generally, the distinction is not drawn with sufficient clearness between training for strength and training for endurance. From personal inquiries among the class who make a business of exhibiting feats of muscle, we learn that they are well aware of the difference. Walking and swimming, for instance, do not require any violent contraction of the muscles. It is of more importance for the person who desires to excel in these employments to learn "the line of least action" in which he can accomplish such motions. When the muscles called upon always exert themselves with least waste, the capacity of continuous motion is greatest, and the quality of endurance most marked.

The Rev. Mr. Houghton, who, beyond any writer we know, has given such subjects a scientific appreciation, speaks of the little toil with which confirmed old scamps, who have often been on the treadmill, can keep up the motion it demands. The flight of birds displays to an astonishing degree the endurance derived from maintaining muscular exertion in the line of minimum action.

Trainers in this country recognize a peculiar feel which is given by a mass of muscles which are accustomed to this sort of exercise. They call such muscles "fine," employing the adjective not in its sense of admirable or beautiful, but in its physical signification of not coarse or gross, as in the phrase "fine linen," or "fine thread."

In recommending methods to bring up the muscular structure to this condition, they urge long and slow repetitions of the simpler movements, until slowly growing fatigue impels the muscles to adopt, under the unconscious coördinating power of the nerve-centres, those unions of actions which result in the simplest lines of motion. When once the muscles have learned these lines, they adopt them, out of preference.

In using the mechanism of his body, man

carries out the same awkwardness which he displays in inventions. Every one knows that the quality of simplicity in construction, and directness in action, is not the first, but the last result of mechanical constructions. When it is reached at length, all the world wonders that it was not long since thought of, for it looks so simple and easy! So it is with the muscles. The child goes about his movements in the most awkward way he can. By happy hits and chance action he learns the easiest methods of accomplishing motion. And these, in a general way, he retains. But it is safe to say that no man reaches that condition of physical perfection where all his muscles act to best advantage.

Students of the human form in art are well aware that the classical ideal of man is not that which is consistent with the greatest strength. That it was not, was one of those inspirations of the aesthetic mind of Greece, which so often penetrated to the last truth so hopelessly concealed from most nations.

Physical perfection, which these ancient artists strive to set forth, is not synonymous with physical strength, but with the greatest possible action of muscle—with the ideal conception of life. This is when, through accurate coördination, each separate muscular fasciculus and each group of muscles is so coöordinated with the whole economy, that the sum of its individual action, before the stage of exhaustion is reached, is at the maximum. Applied to the entire system this gives the correct conception of the highest life. In spite of the criticisms upon it, one recurs to the definition of life given by the marvelous genius of Bichat—"The sum of the forces that combat death." The sum is greatest—to apply this definition to the subject in hand—when it is measured by *extension*, not by *intension*, when it allows numerous repetitions, without wear and tear, not when it is capable of one or a few enormous expenditures of effort. This insures longevity beyond what mere muscular development can, and also confers the "tolerance of disease," so important an element in viability.

NOTES AND COMMENTS.

The Eucalyptus.

Our exchanges from the Pacific slope say that the culture of the Eucalyptus tree will become very extensive in California. It grows so vigorously and is so valuable, both for timber and fuel, that it will probably be preferred where these are the principal objects. Of the many varieties, the blue gum, or *Eucalyptus globulus*, has received the preference. It cannot be commended as a shade tree, although it will answer where a variety is desired. The leaves are of a bluish color, and appear to be of two kinds upon the same tree, those near the base being large, wide, and oval in shape, while those above are long and pointed, like those of a willow. These trees exude a strong-scented gum, and the bark and leaves have a very pungent and powerful odor, which we believe keeps all insects at a distance. The seeds are best sown in a frame under glass. After three months the young trees may be planted in boxes of earth, say two and a half or three feet square, and six inches deep, about one hundred to each box. If this is done in the fall, they will be ready to transplant in the following April. They should be planted not less than eight feet apart, and as they grow larger each alternate tree can be cut down or removed. In a good soil, well plowed, they will outgrow almost all other trees, and at the end of the fourth year will be twenty-five or thirty feet high, and six or seven inches in diameter.

Senile Warts.

The dermatologist, Dr. Neumann, of Vienna, under the name *verruca senilis*, describes a skin disease of elderly people, which consists in the development of numerous warty tumors, especially on the back and chest. They have a rusty brown, or even a deep black color, and they give rise to considerable inconvenience, by becoming excoriated and ulcerated by the friction of the under-clothing. The tumors consist principally of numerous layers of epidermic cells, massed either on a smooth surface, or else on the remains of papillæ. Microscopically, these cells exhibit no abnormal appearances. The rete mucosum is, however, narrower than usual, and contains much pigment; the hair follicles are dilated with a mass of smegma, downy hairs, and epidermic cells; and the seba-

aceous glands are enlarged and filled with dried secretion, and their opening is either obstructed or obliterated, so that they project above the surface of the skin, as pale red, wart-like tumors. The *verruca senilis*, therefore, differs materially from an ordinary wart, both in the large share which the epidermis has in its formation, and also in the non-implication of the papillæ; and for this reason Neumann proposes "keratosis pigmentosa" as a more appropriate name. The treatment he recommends consists in scraping away the epidermis, and then applying soft soap, dilute carbolic acid, or else a solution of iodine and iodide of potassium in glycerine.

Catheterism of the Ureters.

Professor Simon, of Heidelberg, who has introduced the practice of passing the whole arm into the rectum, describes a bold procedure with respect to the ureters. In circumstances under which it is desirable to dilate the female urethra (so that the finger may be carried in and the bladder explored), to perform the vesico-vaginal section, he states that this latter operation may be taken advantage of for catheterizing the ureters. He has himself done this seventeen times on eleven women, and has been enabled, without the slightest difficulty, to reach the pelvis of the kidney. As yet he has had no opportunity of employing this procedure in a case of disease, but believes it will be found useful in the diagnosis and treatment of calculous affections: calculi in obstructed passages might be extracted or cut out, and so forth.

Paralysis from Lightning Stroke.

Professor Eulenburg relates a singular case of this nature. The subject was a man of forty-two years of age, pointsman on a railway. One day, when adjusting, as he was in the habit of doing, an electric clock, a flash of lightning, conducted by the telegraphic wire, struck him on the left side. He fell immediately senseless, and only regained consciousness an hour afterwards upon being drenched by a heavy shower of rain. He tried to rise, but found himself completely paralyzed on the left side. He succeeded, however, in dragging himself home. Next morning he was visited by a medical man. Under the influence of local faradization some improvement ensued in the condition of the leg, but the arm remained quite motionless. Ten months after the occurrence the man con-

sulted Dr. Eulenburg. The arm was still paralyzed, except that the patient could move the fingers a little, and oppose the thumb. The left side of the face was affected, the eyelids trembled, and loss of memory excepted, the intelligence was not affected. During two months faradization of the periphery, with galvanization of the brachial plexus and nerves, one and the other were alternately followed up. This treatment was now discontinued for a time, then resumed again, with marked success. The patient could raise, flex, and extend the left arm; supination and pronation of the forearm were, however, imperfect, owing to paralysis of the pectoralis major muscle. Sensation, temperature, and nutrition had, otherwise, all become normal.

The Cerebral Centres of Sensation.

Dr. Brunton's recent experiments show that these centres are bilateral, so that when one of the centres of touch was destroyed, there was loss of tactile sensibility in the corresponding half of the body. Stimulation of the centre of hearing caused the animal to prick up its ears as if it heard something, while destruction of the whole of this centre rendered the creature totally deaf. Destruction of the centre of vision corresponding to one eye (e. g., the right) only rendered the animal temporarily blind in that eye, the function, after twenty-four hours, being carried on by the opposite centre.

The Hypnotics of Fatigue.

We learn, from the *Lancet*, that the fact that severe fatigue, either of the muscular or nervous system, predisposes to sleep, has led Dr. W. Preyer, of Jena, to make experiments with those substances which are most likely to be formed in the tissues after such exertion, especially lactic acid, to see whether they possess any narcotic properties. He finds, after a long series of observations and experiments, that lactate of soda, either subcutaneously injected in a concentrated aqueous solution, or else introduced into the empty stomach in large doses, frequently induces sleep, if the subject of the experiment is kept quiet and undisturbed. There are, however, considerable individual differences in its effects, both on animals and men, not only as to the time of onset of sleep, but also as to its duration and intensity. Young and small animals are affected more easily than old and large animals. Preyer

finds that the exhibition of such liquids as are favorable to an abundant production of lactate of soda in the intestinal canal—e.g., concentrated syrup, or copious draughts of sour milk and of whey—in many cases gives rise to drowsiness, and even actual sleep; and he thinks that this fact might be of practical application in some diseases where morphia and chloral are now exclusively ordered.

Comparative Statistics of London and Paris.

The population of London in 1874 was very nearly double that of Paris; the density of population in persons to an acre was, however, only 44 per acre in London, whereas it was 96 in Paris. The marriage-rate was 8 per 1000 in London and 10 in Paris; the birth-rate 35 in London and 29 in Paris; and the death-rate 21·6 in London and 22 in Paris. Whereas the marriage-rate in Paris exceeded that in London by 25 per cent.; the birth-rate in Paris was 20 per cent. below that in London. The death-rate in the two cities in 1874 showed little difference, and yet, in consequence of the variation between the birth-rates, the natural increase in the population during the year, by excess of births over deaths, was equal to nearly 14 per 1000 in London, whereas it was not more than 7 per 1000 in Paris. Notwithstanding that the marriage-rate in Paris considerably exceeds that in London, the proportion of illegitimate births in Paris was nearly 27 per cent., while in London it is only about 4 per cent.

The Antiseptic Phynol.

The *Scientific American* remarks that among the benzol group, all of which are derived from coal tar, are (besides the phenol or carbolic acid (C_6H_5O) and its many compounds) the cresol (C_7H_8O), the phlorol ($C_9H_{10}O_5$), and the phynol. The latter, of which the composition is $C_{10}H_{14}$, is also found in the volatile oil of thyme, together with thymene, $C_{10}H_{10}$, and cymene, $C_{10}H_{14}$; but the cheapest source of its production is coal tar. Several compounds of the phynol were studied by chemists long ago; but it was reserved for Lewin, of Berlin, to discover that it is a powerful antiseptic. When pure, it consists of transparent crystals, of a very agreeable and strongly aromatic odor, while it is so powerful that a single grain in thirteen ounces of hot water is a sufficiently strong mixture for

all purposes. Comparative experiments have shown that it possesses a much greater power to arrest fermentation and putrefaction than either carbolic or salicylic acid.

Teaspoonful Doses.

Attention is called to the difference between the size of teaspoons now and fifty years ago. A comparison of some of the last mentioned relics with those of recent manufacture show an increase in size of near twofold. Mackerel kegs, truck baskets, pint and quart bottles, fruit boxes, and many similar measures have materially decreased in our time, but teaspoons have increased. We do not offer to explain these mysterious facts of evolution and involution, but as physicians often prescribe active drugs by the "teaspoonful," we admonish them to look at the spoon.

Urine after Poisoning by Phosphorus.

According to the researches of F. Selmi (*Berichte der Deutsch. Chem. Gesellsch.*, viii, 1463), fresh urine evolved no phosphoretted hydrogen when heated with zinc and sulphuric acid. But it was easily found when the urine has received an unpleasant alleaceous odor, after standing twenty-four hours. The resulting gas is freed from sulphuretted hydrogen by a solution of tartar emetic, and then gives a precipitate with a silver solution, which, when treated with zinc and sulphuric acid, produces the green hydrogen flame. The products of combustion, being collected by means of an aspirator, give, without further treatment, the reaction with ammonium molybdate. If the offensive urine is distilled, the ammoniacal distillate contains the previously mentioned alleaceous odor, but evolves no phosphoretted hydrogen with nascent hydrogen.

According to Selmi, neither taurocholic nor lactic acids can be found in the suspected urine.

The Monobromide of Camphor.

According to Dr. L. Pathault, the physiological effects of the drug are to diminish the frequency of the respiration and of the pulse, and in a very remarkable degree to decrease the temperature. Indeed, it may well be that the poisonous dose destroys life by this reduction of temperature, for artificial heat sometimes suffices to save the life of the animal. M. Pathault has studied the mode of elimination upon himself. He detected the presence of bromine in the

urine passed from four to six hours after taking a dose, and the quantity increased during the succeeding nine hours; it then gradually diminished during forty-eight hours, after which it could not be detected. On the nervous system the drug acts as a hypnotic, and in some cases convulsions and muscular tremors have been observed. Therapeutically, it has been employed in delirium tremens, insomnia, neuralgia, chorea, hysteria, and epilepsy, in some of these diseases with considerable advantage.

Finger and Toe Abscesses before Diphtheria.

Dr. Koramüller, in the *Med. Chir. Centralblatt*, describes a local affection of the fingers and toes which he has seen precede diphtheria. A small circumscribed phlegmon appears on one of the phalanges, and soon passes into a pustule. The system shows fever and debility. In about fourteen days the diphtheritic exudation on the throat begins. The observation is a curious one.

CORRESPONDENCE

An Obstetric Case.

ED. MED. AND SURG. REPORTER:—

I have gained so many good things from your valuable journal, and having never before contributed anything, feel inclined to place the following case at your disposal:—

I was called, on the 3d inst., to a case of obstetrics, a negress, wt. 40; stout, muscular built, the mother of three children; having been in labor since last Tuesday, the waters escaping on Wednesday; thus being in labor five days. I found her with scarcely any pains, the head at the superior strait—sixth position of Baudelocque, or occipito-sacral position of Hodge—the brow caught over the os pubis, and perfectly immovable. I applied Hodge's forceps. On making traction, they would not hold, but slipped on three occasions, without moving the head the least. The child being already dead, I proceeded to embryulcia; this I accomplished quite readily with Hodge's scissors. I then introduced the erethet, and on making traction, the cranial bones gave way. There being then no further means of making traction, I gave her a considerable dose of quinine and ergot, to return in four hours, and had decided if there was no change in that time, or uterine action, to perform Cæsarean section (as I had performed that operation successfully in 1867). However, on my return at the time indicated, I found the head advancing; finally, the head emerged, and I seized it by the neck; after considerable traction, I delivered it, being a very large male

child, with an enormous head. I left her doing quite well.

I do not remember reading a case before of the slipping of the forceps, as they were perfectly locked, and, as I believe, properly applied.

R. FOWLER, M.D.

Daleville, Miss., Oct. 4th, 1875.

Cholera Infantum, with Complications.

ED. MED. AND SURG. REPORTER:—

The following case has, I believe, some points of unusual interest:—

I was called to see Anna McK., aged eighteen months, on the 27th day of July, 1875, and found her to be laboring under an attack of cholera infantum, which proved to be very obstinate, and in spite of the best of remedies, terminated, in the course of ten days, in enterocolitis. This last affection reduced the patient very rapidly, and at the expiration of three weeks, was complicated with chorea, which was general, affecting the muscles of the lower and upper extremities, as well as those of the face. The involuntary condition and relaxation of the muscles deprived the little sufferer of sleep, both day and night, unless under the influence of bromide of potassa and hydrate of chloral.

Between the fifth and sixth weeks her condition seemed to be a hopeless one, but by persevering, giving stimulants, using a nourishing diet, and giving citrate of iron and quinine, and such remedies as were required for the enterocolitis, this feeble and greatly emaciated patient rallied, and by the end of the second month from the date of her first illness, was again restored to health. Have any of your readers met with a similar case, with chorea as a complication. Very truly yours,

Augusta, Ky. T. T. BRADFORD, M.D.,

NEWS AND MISCELLANY.

Philadelphia County Medical Society.

The next conversational meeting of the society will be held at the hall of the College of Physicians, Wednesday, October 27th, at 8 o'clock, P.M. Dr. C. K. Mills, will read a paper on the "Oxalate of Cerium." The medical profession are cordially invited.

The Indiana Medical College.

We cheerfully insert the following card:—

INDIANAPOLIS, Oct. 1st, 1875.

The Faculty of the Indiana Medical College, and Board of Trustees of the Bobbs' Free Dispensary, desire to state to the profession at large:—1st. That the action of the management of the Bobbs' Free Dispensary in regard to Homeopathy in connection with the Dispensary was entirely without the knowledge or sanction of this Faculty or Board of Trustees.

We wish also to state that, 2d, the card

recently distributed throughout the State and Country, purporting to come from this College and Dispensary is a malicious forgery.

A reward will be given to any one who will furnish information leading to the detection of the party so forging and distributing the above card.

R. T. BROWN, M. D., President.

C. E. WRIGHT, M. D., Secretary.

Has the action of the Dispensary referred to been revoked?

Ohio County (Virginia) Medical Society.

At the Annual meeting, Oct. 8th, the following officers were elected for the ensuing year, viz:—President, Dr. Richard Blum; Vice President, Dr. J. H. Pipes; Secretary, Dr. S. L. Jepson; Treasurer, Dr. J. C. Hupp; Censors, Drs. Wm. Jordan Bates, James Cummins, and Robert W. Hazlett.

American Association for Inebriates.

The Secretary of the American Association for the Cure of Inebriates earnestly requests that all physicians having reports or papers which have any bearing on this subject send to his address a copy, or information how they can be procured. These favors will be gratefully acknowledged, and reciprocated as far as possible.

T. D. CROTHERS, M.D., Secretary.
Albany, N. Y.

Personal.

—Professor Moriz Schiff, of Florence, has been awarded a prize of 20,000 francs, by the Academy of Medicine of Turin, for his work on the phrenology and pathology of the nervous system.

—Dr. Duchenne (de Boulogne), an eminent member of our profession, died last month, after a prolonged and painful illness. He was the father of modern medical electrization.

Items.

—The Massachusetts Board of Health calculate that \$50,000,000 could be sunk in drainage by Massachusetts, without loss, from the greater effectiveness of labor which would be caused by the generally improved tone of health.

—Pope Clement vi, owed the improvement of his memory to a slight concussion of the brain.

QUERIES AND REPLIES.

"In the case reported in your journal, of August 21st, in which Iod. potass and Iod. ferri had salivated a lady, uninfluenced by mercury, in reply to Dr. Ferguson, of the 11th September number, I will add, that this lady has never used any of the preparations of mercury, either externally or internally."

Yours truly, EDWARD VANDERPOEL, M. D.
New York City.

MR. EDITOR:—Will you, or some of the readers of the *REPORTER*, give me the best known remedy for cancer?

JNO. W. MORTON, M. D.

Mississippi.

OBITUARY.

DR. LEVERETT BRADLEY.

Dr. Leverett Bradley died recently, in Jersey City, New Jersey, in the 77th year of his age. For a number of years past Dr. Bradley has been well known as an electrician of considerable ability; but he is best known from the invention, which he patented in 1865, for winding helices with uncovered wire. In 1859 he secured a patent for an automatic telegraph apparatus, with which, on a short circuit, he succeeded in recording about 15,000 words per hour, but he was unable to practically work the apparatus on a telegraphic line of ordinary length. In 1873 he obtained a patent for an apparatus for electric measurement, being a combination of a tangent galvanometer and rheostat, which proved very successful, and is now being much used in colleges and other institutions of learning, as a means of instruction and experiment.

MARRIAGES.

BETHEL—BOMBERGER.—On the 30th ult., in St. Luke's Reformed Church, La Trappe, Pa., by the Rev. S. H. A. Bomberger, D. D., B. N. Bethel, M. D., of Philadelphia, and Mary A., daughter of the officiating clergyman.

DODEN—ARMSTRONG.—In Morrisania, New York city, October 7th, 1875, by Rev. Dr. Curry, assisted by Rev. J. P. Swift, Dr. Joseph Doden and Miss Margaret Elizabeth, daughter of James Armstrong, all of Morrisania.

EWING—RYNO.—In New York, on Thursday, October 7th, at the residence of the bride's father, by Rev. Thomas McKee Brown, Dr. Henry J. Ewing and Miss C. Augusta, daughter of Crowell H. Ryno, Esq.

HART—TUPPER.—At Trinity Chapel on Tuesday, October 5th, by Rev. A. A. Rickert, of Philadelphia, Dr. C. L. Hart, of Philadelphia, and Bird, youngest daughter of W. W. Tupper, Esq., of New York.

MITCHELL—VAN COTT.—In Brooklyn, on Monday, October 11th, by Rev. Thomas H. Burch and Rev. R. S. Storrs, D. D., Chauncey L. Mitchell, M. D., and Kate M., daughter of Joshua M. Van Cott.

MURDOCK—PAULDING.—On Tuesday, October 12th, at Cold Spring, on the Hudson, by Rev. Isaac Van Winkle, George Wilson Murdock, M. D., and Mary Pearson, daughter of P. Kemble Paulding, Esq.

DEATHS.

LILLIE.—Suddenly, at Kansas City, Mo., on the 7th inst., Dr. James Lillie, formerly of Kelso, Scotland, in the 76th year of his age.

MCLATCHEY.—On Tuesday, October 12th, 1875, Mary J., wife of Dr. R. J. McLatchey.

OTT.—On the 12th inst., after a lingering illness, Catharine W., wife of John J. Ott, M. D., in her 45th year.

SWEETSER.—On the 14th inst., in this city, William Sweetser, M. D., in the 70th year of his age.